STEPHEN A MEIKLE MEIKLE LAW OFFICE P.A. P O Box 51137 Idaho Falls. ID 83405-1137 Phone 208-524-3333 Attorney for Debtor^CDebtor/Debtors~ U.S. COURTS

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SAMEROES STREET

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICTE OF TOAHQ

IN RE: POPE, KENNETH POPE, DEANN  Debtors.			Case No: 97-40010 - (3) AMENDMENTS TO SCHEDULES		
Schedule A:	X	No Amendment	Amended		
Schedule B:	X	No Amendment	Amended		
Schedule C:	X	No Amendment	Amended		
Schedule D:	X	No Amendment	Amended		
Schedule E:	X	No Amendment	Amended		
Schedule F:	X	No Amendment	Amended		
Schedule G:	X	No Amendment	Amended		
Schedule H:	X	No Amendment	Amended		
Schedule I:		No Amendment	X Amended		
Schedule J:		No Amendment	X Amended		
Statement of Affairs:	X	No Amendment	Amended		
Statement of Intentions	X	No Amendment	Amended		
Matrix	X	No Amendment	Amended		

We declare under penalty of perjury that we have read the foregoing and the amendments to the attached documents are true and correct.

Dated this 17 day of November, 2000.

Kenneth Pope, Debtor

DeAnn Pope, Debtor

1 AMENDMENTS TO SCHEDULES

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Case No. 97-40010

In re Kenneth Pope

## AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: Married	DEPENDENT'S OF DE	DEPENDENT'S OF DEBTOR AND SPOUSE					
Debtor's Age:	NAMES	AGE		RELATIONSHIP			
Spouse's Age:	Bethany Pope		16	Daughter			
	Sarah Pope		15	Daugh	ter		
	Jessica Pope		12	Daugh	ter		
	Emily Pope		8	Daugh	ter		
	Caleb Pope		5	Son			
EMPLOYMENT:	DEBTOR		SPOUSE				
Occupation	Foster Care	Foster Ca	Foster Care				
How long employed	1 month	1 month					
Name and Address of Employer	Fosters Home for Children PO BOX 978 Stephenville, TX 76401	Fosters Home for Children PO BOX 978 Stephenville, TX 76401					
Income: (Estimate of average	age monthly income)		DEBTOR	SI	POUSE		
	ges, salary, and commissions						
(pro rate if not paid month	ly.)	\$	1,238.00		1,238.00		
Estimated monthly overting	ne		0.00	\$	0.00		
SUBTOTAL		<b>\$</b>	1,238.00	\$	1,238.00		
LESS PAYROLL DED	UCTIONS	l <del></del>	<del></del>				
a. Payroll taxes and se	ocial security	\$	94.70	_	165.40		
b. Insurance		\$	0.00		0.00		
c. Union dues		\$	0.00	-	0.0		
d. Other (Specify)		\$	0.00	\$	0.0		
SUBTOTAL OF PAYROL	L DEDUCTIONS	\$	94.70	\$	165.40		
TOTAL NET MONTHLY TAKE HOME PAY		\$	1,143.30	\$	1,072.6		
Regular income from oper	ation of business or profession or farm						
(attach detailed statement)			0.00	\$	0.0		
Income from real property	\$	0.00	\$	0.0			
Interest and dividends		\$	0.00	\$	0.0		
Alimony, maintenance or s	support payments payable to the debtor for the	_		_			
debtor's use or that of dep		\$	0.00	\$	0.0		
Social security or other go (Specify)	vernment assistance	¢	0.00	æ	0.0		
Pension or retirement inco	ome	\$ \$	0.00		0.0		
Other monthly income		<b>*</b>	<u> </u>	▼	7,0		
· · · · ·		\$	0.00	\$	0.0		
TOTAL MONTHLY INCOM		\$	1,143.30		1,072.6		
		<b>(D</b> )		-4 O -1			
TOTAL COMBINED MON	THLY INCOME \$ 2,215.90	(Report al	so on Summary	of Sched	iuies)		

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

NONE

In re Kenneth Pope Case No. 97-40010

## AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Rent or home mortgage payment (include lot rented for mobile home)	\$	450.00
re real estate taxes included? Yes No ✓		
s property insurance included? Yes No ✓		
Itilities Electricity and heating fuel	\$	0.00
Water and sewer	\$	0.00
Telephone	\$	40.00
Other	\$	0.00
lome Maintenance (Repairs and upkeep)	\$	20.00
Food	\$	750.00
Clothing	\$	100.00
aundry and dry cleaning	\$	0.00
Medical and dental expenses	\$	100.00
Fransportation (not including car payments)	\$	80.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	75.00
Charitable contributions	\$	0.00
nsurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	300.00
Other	\$	0.00
Taxes (not deducted from wages or included in home mortgage payments)		
Specify)	\$	0.00
nstallment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan)	<del></del>	
Auto	\$	0.00
Other	\$	0.00
Alimony, maintenance or support paid to others	\$	0.00
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other Christmas, Birthdays, Miscellaneous, Etc.	\$	100.00
Laundry, Cleaning, Health & Hygiene Products	_ *	55.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	2,070.00
(FOR CHAPTER 12 AND 13 DEBTORS ONLY)	L	· · · · · ·
Provide the information requested below, including whether plan payments are to be made bi-week	iv. monthly, a	appually or at so
other regular interval.	,,,, .	initiality, or at oc
A. Total projected monthly income	\$	2,215.90
O. Tatal and a state discounting a second	\$	2,070.00
B. Total projected monthly expenses		
B. Total projected monthly expenses C. Excess income (A minus B)	\$	145.90